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PTO/SB/01 (12-97)

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ASI-PT043 **Attorney Docket Number DECLARATION FOR UTILITY OR** Veksland et al. First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ■ Declaration □ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
AUTOMATIC FOCUSING CAMERA WITH MOVING										
MIRROR BETWEEN FIXED LENS AND FIXED IMAGE SENSOR										
the specification of which (Title of the Invention)										
is attached hereto										
OR State (AMADESCOOK)										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
, , , ,	Tacknowledge the duty to disclose information which is material to paternaulity as defined in 37 CFH 1.50.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application										
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
					$\overline{}$					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	Application Number(s) Filing Date (MM/DD/YYYY)									
				onal provisional application ers are listed on a	1					
			emental priority data sheet							
			PTO/S	SB/02B attached hereto.						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent					Parent Filing Date			Parent Patent Number						
Number					(MM/DD/YYYY)					(if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Label he							omer Code							
					Registr	ation						Registration		
Name Alfred Stapler Anthony S. Volpe C. Frederick Koenig III Randolph J. Huis Gerald B. Halt, Jr.			Number 16,675 28,377 29,662 34,626 37,633			Name Salvatore Anastasi Glenn M. Massina Marillou E. Watson Jeffrey M. Glabicki Kao H. Lu				<u> </u>	Number 39,090 40,081 42,213 42,584 43,761			
Additional i	registered	practitioner(s) na	amed o	n suppler	mental I	Registered	Practit	ioner Inf	ormation sh	eet PTO/	SB/020	attached here	eto.	
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below														
Name		ndolph J. Huis, Esquire pe and Koenig, P.C.												
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:									ntor					
Given Name (first and middle [if any])							Family Name or Surname							
Michael L.					,	Veksland ~								
Inventor's Signature		Milley Herold					Date 2-9-00							
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Post Office A	ddress								<u>-</u>					
City		Mariton	ariton State NJ zi		ZiP	08053 _{Country}			ntry	USA				
Additional	invento	rs are being na	med o	n the	1 sun	plementa	I Addit	ional In	ventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto	



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if an	ıy:	A petition has been filed for this unsigned inventor									
Given Na) .	Family Name or Surname										
Richard J.					Skokowski, Jr.							
Inventor's Signature	Richard	ms	li e	2.	Date		2-9-00					
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Post Office Address												
City	Warwick State			A	ZIP	18974	Country	,	USA			
Name of Additional Joint Inventor, if any:												
Given Na	me (first and middle [if any]		Family Name or Surname									
Inventor's Signature		:						Dat	te			
Residence: City		State			Country			Citizer	nship			
Post Office Address										10.0		
Post Office Address			_Y									
City		State			ZIP		Coun	try				
Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature					Date							
Residence: City		State			Country		Citizenship					
Post Office Address					_							
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